



12th Annual National Report Card on Health Care

August 2012

Embargoed until 13 August at 12:01 am EDT

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2012 National Report Card Report

Submitted to: Canadian Medical Association
August 2012

Ipsos Reid Public Affairs
One Nicholas Street,
Suite 1400
Ottawa ON K1N 7B7
Tel: 613.241.5802
Fax: 613.241.5460
www.ipsos.ca

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Introduction

This is the 12th annual CMA Report Card on the health care system in Canada. Since 2001, the Canadian Medical Association has asked Ipsos Reid to measure public opinion with respect to the health of the Canadian health care system each year. In particular, Ipsos Reid has asked Canadians to assign a letter grade to the health care system overall, and considering different aspects of the system.

This year, Canadians were also asked a series of questions about their health status, their knowledge and awareness of how to be healthy, as well as questions about their lifestyle habits as they relate to their health. They were also asked an extensive series of demographic questions in order to determine the social determinants of health.

Methodology

This research was conducted by telephone and online. Portions of the study that are tracked with earlier years' research were conducted online while the health and lifestyle questions were asked by phone.

In the online survey, Canadians were asked to rate a range of dimensions of the health care system using a letter grade (i.e., A, B, C or F with A being the highest grade and F being a failing grade). With respect to the telephone survey, a series of questions were asked related to health status and the social determinants of health.

Online Research

Between July 23 and July 30, 2012, Ipsos Reid surveyed 1,004 Canadian adults. A sample of this size is associated with a ± 3.2 percentage point margin of error. Respondents were randomly selected from the Ipsos Household Panel. The data was weighted by region, age and gender to ensure the sample accurately reflects the population according to Census data.

The online studies conducted in previous years are referenced in this research. The margins of error for each of these studies are set out below.

Year	Sample Size	Margin of Error (%)
2012	N=1,004	± 3.09
2011	N=1,026	± 3.06
2010	N=3,483	± 1.66
2009	N=3,223	± 1.73
2008	N=2,024	± 2.18

Telephone Research

Between July 25 and July 30, 2012, Ipsos Reid surveyed a nationally representative sample of 1,200 Canadian adults (18 and over) over the phone using random digit dialling. This included an oversample of n=200 Canadians living in the north (Northwest Territories, Yukon, Nunavut). This sample provides a ± 2.8 percentage point margin of error for the overall national findings at a 95% confidence interval. The data was weighted by region, age and gender to ensure that the sample accurately reflects the population according to Census data.

Note: In the sections on the health status of Canadians, the impact of the economic downturn on the health of Canadians, and the social determinants of health, tracking data from the 2009 Report Card Study are shown where possible. That said, it is important to note that variances in the methodology between the two studies (phone for this most recent one and online in 2009) should be considered when comparing the results as the method of data collection may impact how respondents perceive and respond to certain questions.

Executive Summary

Health Status of Canadians

- One in five Canadians say they are in excellent health, those with lower incomes and lower levels of education are less likely to say so.
- Knowledge levels about healthy eating and physical activity remain high from the 2009 results, but barriers to eating healthy and healthy living persist.

Social Determinants of Health

- Those with higher levels of income and education are more likely than those with lower levels of income and education to say they regularly do each of a range of health conscious behaviours.
- Moreover, the gap between higher and lower income has grown substantially wider in terms of how respondents perceive their health. This year, higher income respondents are 29 percentage points more likely to describe their health as excellent or very good in comparison to lower income respondents. In 2009, the gap between the two groups was 17 points.
- This gap between those with lower and higher levels of income has also widened on a number of other key health measures compared to 2009:
 - In 2009, lower and higher-income Canadians were the same in terms of whether they accessed health care services within the past month. This year, the gap between the two groups has increased significantly (to 16 percentage points), with six in ten (59%) Canadians who earn less than \$30,000 a year having accessed health care services within the past month, compared to only four in ten (43%) among those earning \$60,000 or more.
 - While 2009 showed no difference between lower and higher income Canadians in terms of perceptions that they are 'very/somewhat overweight', and showed only a four percentage point gap in terms of having 'very/somewhat overweight children', this year, four in ten (38%) Canadians earning less than \$30,000 a year say they are 'very/somewhat overweight' compared to 32 percent among those earning \$60,000 a year or more (amounting to a six-point gap compared to no gap in 2009). In terms of having overweight children, this year, the gap between lower and higher income Canadians has also increased (13 vs. 4 point gap in 2009).
- Canadians consider tobacco use, access to health care and diet and nutrition as the key factors impacting health. Social and economic factors such as employment status, education and income level are perceived as having a great impact on health less often. However, those with household incomes of less than \$30,000 are significantly more likely to rate income as having a great impact on health (36%) than are those with incomes of \$60,000 or greater (17%).

Impact of the Economic Downturn on the Health of Canadians

- A quarter of Canadians say that the economic downturn has negatively impacted how they take care of their health, similar to the results from 2009.
- Stronger negative impacts from the economic downturn continue to be associated with lower income and education levels across a number of on healthy behaviours. The income gap is generally consistent from 2009.

Overall Views of Canada's Health Care System

- Three in four Canadians (74%) grade the overall quality of the health care services available to them in the A (39%) or B (35%) range, up four points from 2011 (70%), bolstered by strong showings for the A rating (up from 34% in 2011).
- Similarly, nearly three in four (72%) Canadians grade their most recent experience with the health care system in their community as either an A (43%) or a B (29%), virtually unchanged since 2011 (71%).
- More than two in three Canadians (69%) grade the choice of health services in their community as either an A (36%) or B (33%), with strong gains for the A rating (from 31% in 2011).
- Nearly three in four (72%) grade cooperation among health professionals in their community, including doctors, pharmacists and nurses, as either an A (38%) or a B (34%). This is a 4-point increase from 2011, bolstered by stronger A ratings (up from 33%).
- Fifty-three percent grade health care providers and their associations as either an A (20%) or B (33%) for their performance in dealing with health care in Canada, which is (collectively) up four points from 2011.
- Having a family physician remains a strong determinant of positive grades towards the overall health care system. For example, 43 percent of those with a family physician grade the overall quality of available health care services as an A, compared to only 23 percent among those without a family physician.

Rating the Performance of Government

- Thirty-eight percent of Canadians grade the federal government's performance in dealing with health care as either an A (12%) or a B (26%), showing a slight improvement from 36 percent in 2011.
- Two in five Canadians (39%) grade their provincial government's performance in dealing with health care as an A (11%) or a B (28%) tracking the results from 2011 (38%).
- In all regions, with the exception of Ontario, provincial governments receive more A or B grades than the federal government in dealing with health care.

Perspectives on the Future of Health Care

- The public remains divided as to whether health care services will get better or worse over the next two or three years, with 36 percent saying health care services will get better and 48 percent saying they will get worse.

Detailed Findings

Health Status of Canadians

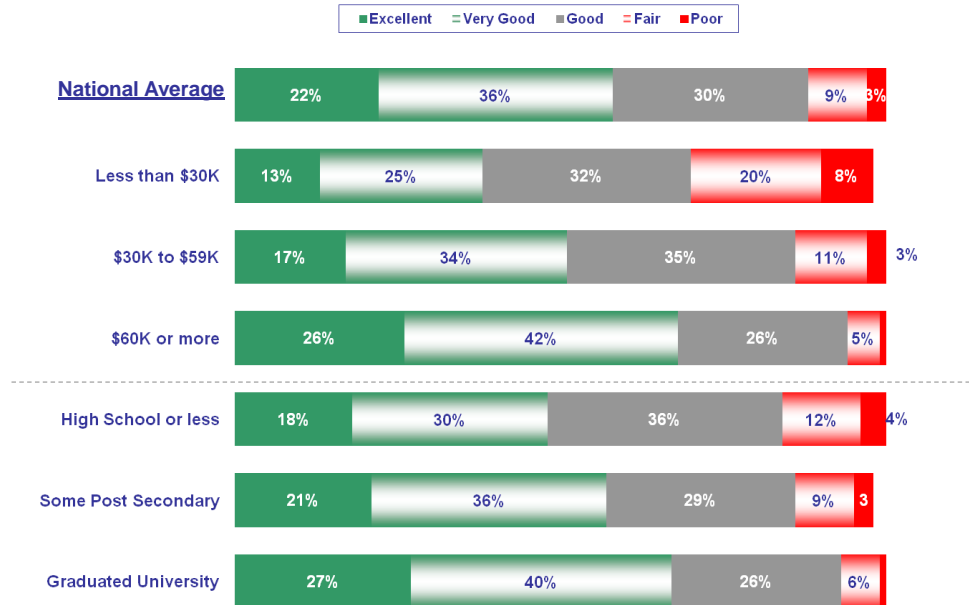
One in Five Say They are in Excellent Health; Those With Lower Incomes and Levels of Education are Less Robust

Canadians were asked to rate their health as either excellent, very good, good, fair, or poor. On this basis, 58 percent of Canadians rate their health as either excellent (22%) or very good (36%). An additional three in ten say their health is good (30%), while about one in ten (12%) rate their health as either fair (9%) or poor (3%).

Income and education significantly impact Canadians' assessment of their health. Canadians earning less than \$30,000 annually (28%) and those with less than a high school education (16%) are significantly more likely than those earning \$60,000 or more (6%) and those with a university degree or higher (7%) to describe their health as fair or poor.

One in Five Canadians Say Their Health is Excellent – Those with Lower Incomes and Less Education Less Robust

In general, would you say your health is...? (Excellent, Very Good, Good, Fair, Poor)



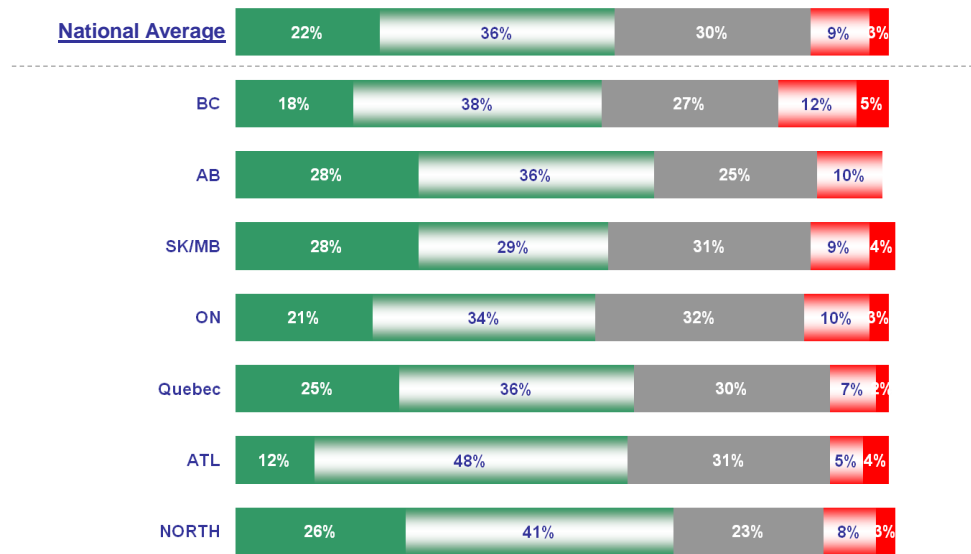
Base: All Respondents (n=1,200)

In terms of region, those in Alberta (28%), Saskatchewan/Manitoba (28%), and the North (26%) are most likely to say their health is excellent. Those in Atlantic Canada are the least likely to describe their health as excellent (12%), and are the most likely to describe it is very good (48%).

Perceptions of being in Excellent Health Lowest in Atlantic Canada, Highest in Alberta, B.C. and the North

In general, would you say your health is...? (Excellent, Very Good, Good, Fair, Poor)

■ Excellent ■ Very Good ■ Good ■ Fair ■ Poor



Base: All Respondents (n=1,200)

The Income Gap is Widening on Key Health Issues

There continues to be a disparity between Canadians with lower (defined as those with household incomes of less than \$30,000 a year) and higher income levels (those with household incomes of \$60,000 or more) in terms of key health measures. In particular, those with lower levels of income are less likely than higher earners to describe their health as excellent or very good (39% vs. 68% among those with household incomes of \$60,000 or more), and are more likely to be worried about their health (64% vs. 47%), to have accessed the health care system in the past month (59% vs. 43%), and to have been diagnosed with a chronic condition (41% vs. 28%).

When comparing the level of disparity between those with lower versus higher levels of income across these measures, the findings suggest that the level of inequality between these two groups has widened in 2012 compared to 2009 in a number of areas.

Most notably, the gap has widened in terms of describing one's health as excellent or very good (29 vs. 17 in 2009), having accessed health care in the past month (16 vs. 0 in 2009), describing oneself as very or somewhat overweight (6 vs. 0), and using tobacco on a daily basis (23 vs. 18).

The Income Gap is Widening on Key Health Issues

	Income		Gap (percentage point)	
	Less than 30K	60K or more	2012	2009
Excellent/ very good health	39%	68%	29	17
Worried about health	64%	47%	17	17
Accessed health care within past month	59%	43%	16	0
Diagnosed with chronic condition	41%	28%	13	9
Very/ somewhat overweight	38%	32%	6	0
Has very/ somewhat overweight children	22%	9%	13	5
Uses tobacco daily	33%	10%	23	12
Eats five servings of vegetables daily	27%	32%	5	5
Eats three meals every day	57%	67%	10	14
Sleeps 6-8 hours a night (every day/often)	66%	81%	15	12
Describes diet as well balanced and healthy	20%	23%	3	5
Very/ Somewhat physically active	84%	90%	6	7

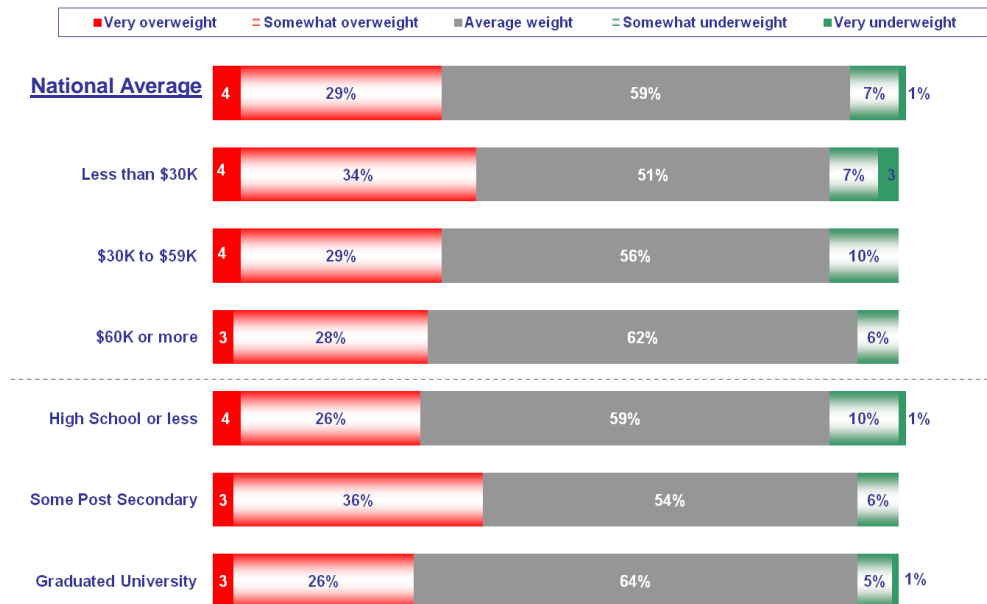
One in Three Say They are Overweight – Higher among Lower Income and Middle Education Levels

One in three Canadians (33%) say they are either very (4%) or somewhat (29%) overweight. About six in ten (59%) say they are of average weight, while eight percent describe themselves as somewhat (7%) or very underweight (1%).

Those with lower levels of income are more likely to say they are overweight (peaking at 38% among those with household incomes of less than \$30,000 a year). By education, those with some post secondary education (39%) are more likely than those with a high school education or less (30%), and those with a university education or higher (29% to say they are very or somewhat overweight).

One in Three Canadians Say they are Overweight – Higher Among Lower Income and Middle Education Levels

Would you say that you are...? Very overweight, Somewhat overweight, Average weight, Somewhat underweight, Very underweight.



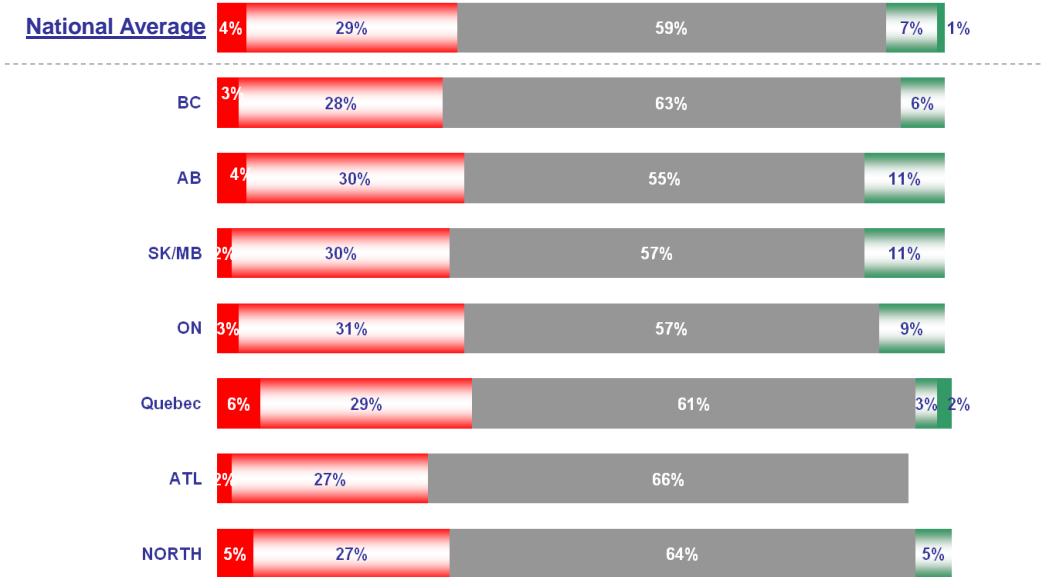
Base: All Respondents (n=1,200)

In terms of region, there is little variation in perceptions of being overweight. Consistent with the national level, about one in three Canadians across all regions, including the North, consider themselves to be overweight.

Little Regional Variation in Perceptions of being Overweight

Would you say that you are....? Very overweight, Somewhat overweight, Average weight, Somewhat underweight, Very underweight.

■ Very overweight ■ Somewhat overweight ■ Average weight ■ Somewhat underweight ■ Very underweight



Base: All Respondents (n=1,200)

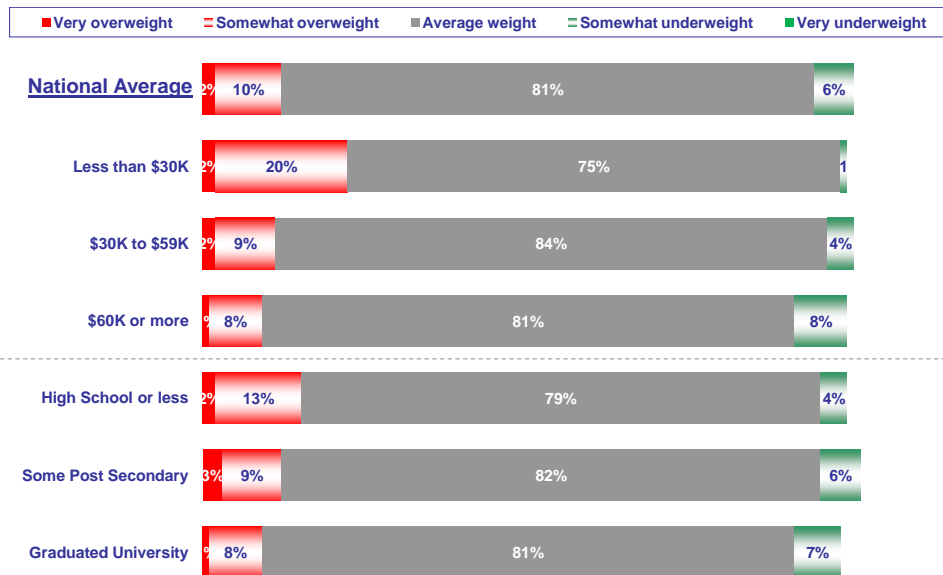
Parents with Lower Income and Less Education More Likely to Say Their Kids are Overweight

When asked to describe their children's weight just over one in ten Canadian parents (12%) say their children are either very (2%) or somewhat overweight (10%). Four in five (81%) say their children are of average weight for their height and age, while just six percent describe their children as somewhat underweight (fewer than one percent describe their children as very underweight.)

Those earning less than \$30,000 (22%) are more likely than those earning \$30,000 to less than \$60,000 (11%), and those earning \$60,000 or more (9%) to say their children are very or somewhat overweight. There are no significant differences based on level of education.

Parents with Lower Income and Less Education More Likely to Say Their Kids are Overweight

On average, would say that your child or children are very overweight, somewhat overweight, average weight for their height and age, somewhat underweight or very underweight?

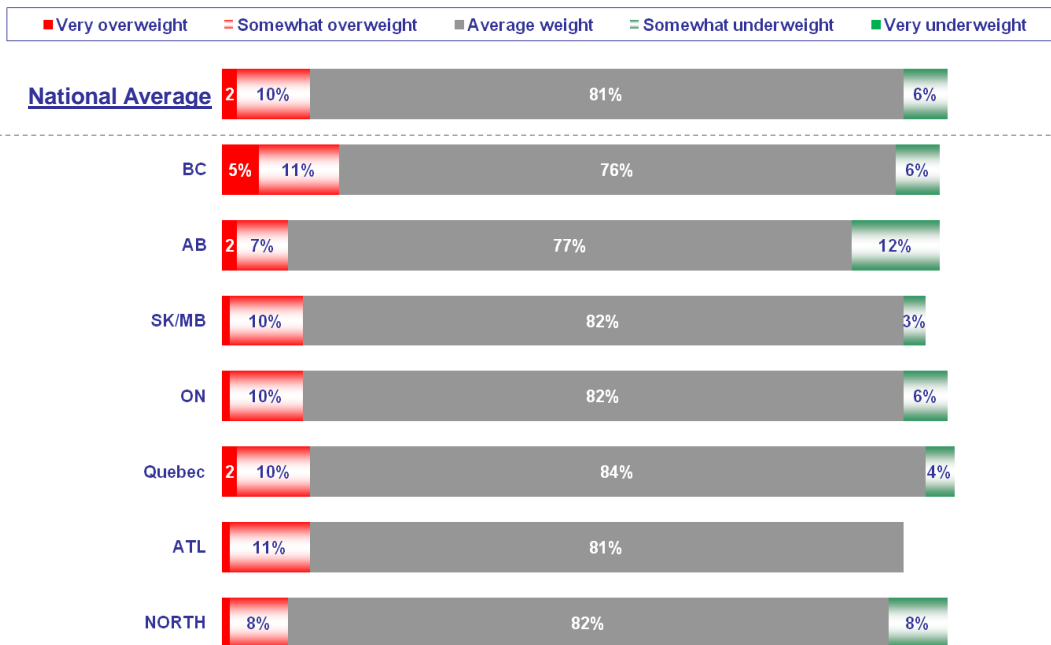


Base: Respondents with children n=900

With respect to region, the findings are very consistent, with the exception of parents in British Columbia who tend to be more likely to describe their child or children as very overweight.

B.C. Parents Most Likely to Describe their Children as Overweight; Alberta and Northern Parents are Least Likely

On average, would say that your child or children are very overweight, somewhat overweight, average weight for their height and age, somewhat underweight or very underweight?



Base: Respondents with children (n=900)

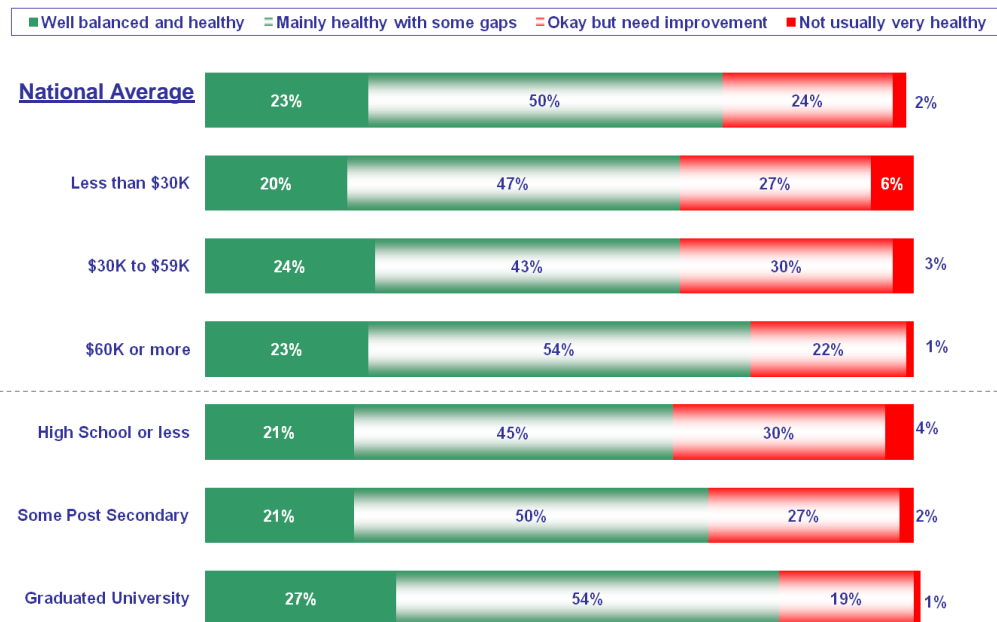
Canadians with Lower Incomes and Education Levels are More Likely to Say Their Eating Habits Need Improvement

When asked to describe their eating habits, nearly three in four Canadians (73%) say their usual eating habits are either well balanced and healthy (23%) or mainly healthy – with some gaps (50%). About one in four (26%) say their eating habits are okay, but in need of improvement (24%) or not usually very healthy (2%).

The proportions who describe their eating habits as just okay or not very healthy are higher among Canadians earning \$30,000 to less than \$60,000 a year (33%) and those earning less than \$30,000 a year (33%), as well as those with a high school education or less (34%), as compared to those earning \$60,000 or more (23%) or with a university education (20%).

Canadians With Lower Incomes and Less Education More Likely to Say Their Eating Habits Need Improvement

Which of the following best describes your usual eating habits?

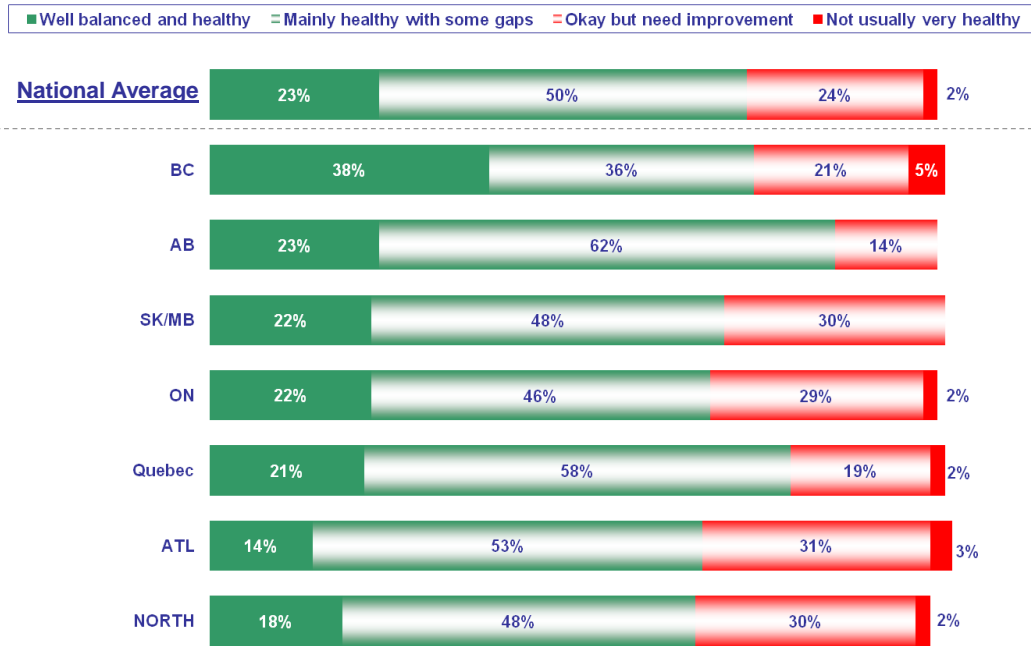


Base: All Respondents (n=1,200)

In terms of region, residents of British Columbia stand out as being most likely to describe their eating habits as well balanced and healthy (38%). Those in Atlantic Canada (31%), the North (30%), Saskatchewan/Manitoba (30%), and Ontario (29%) are most likely to describe their health as okay but needing improvement.

B.C. Parents are Most Likely to Describe their Eating Habits as Well Balanced and Healthy; Atlantic Canadians Least Likely to Say So

Which of the following best describes your usual eating habits?



Base: All Respondents (n=1,200)

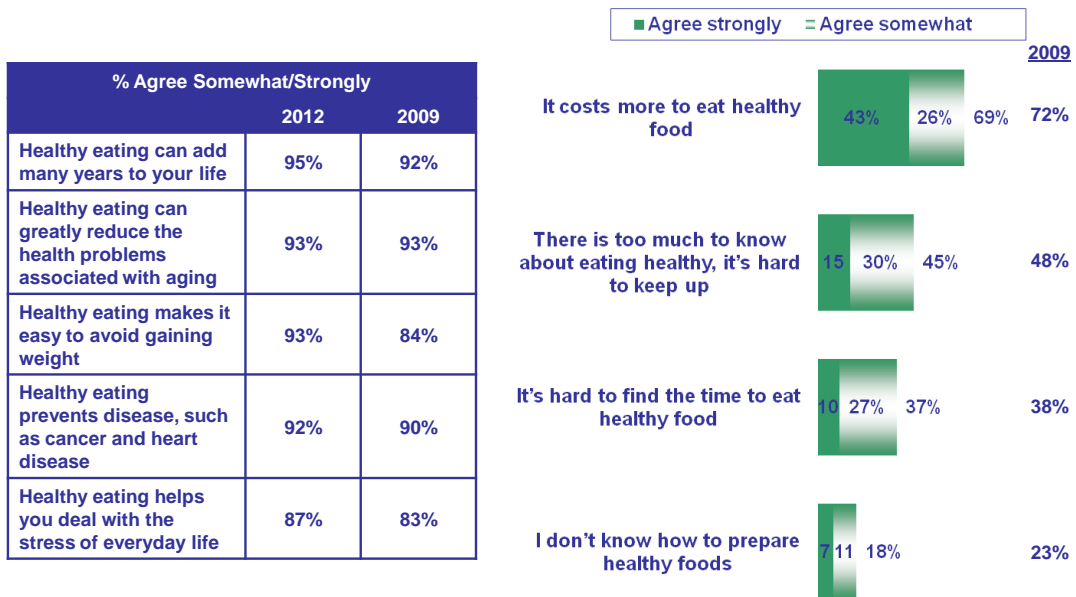
Knowledge Levels are High but There are Barriers to Eating Healthy

High proportions of Canadians agree with several statements about the benefits of healthy eating: that it can reduce health problems associated with aging (93%), that it can add years to life (95%), that it helps to prevent disease (92%), that it makes it easy to avoid gaining weight (93%), and that it helps one deal with everyday stress (87%).

Despite high awareness of the benefits of healthy eating, Canadians also recognize barriers to doing so. Seven in ten (69%) say it costs more to eat healthy food. About half (45%) say there is too much to know about healthy eating. Two in five (37%) say it's hard to find time to eat healthy food, while one in five (18%) say they don't know how to prepare healthy food. These findings are fairly consistent with the 2009 survey findings.

Knowledge Levels are High but There are Barriers to Eating Healthy

Please read the following statements about physical activity and indicate whether you, personally, agree or disagree with what each statement is saying

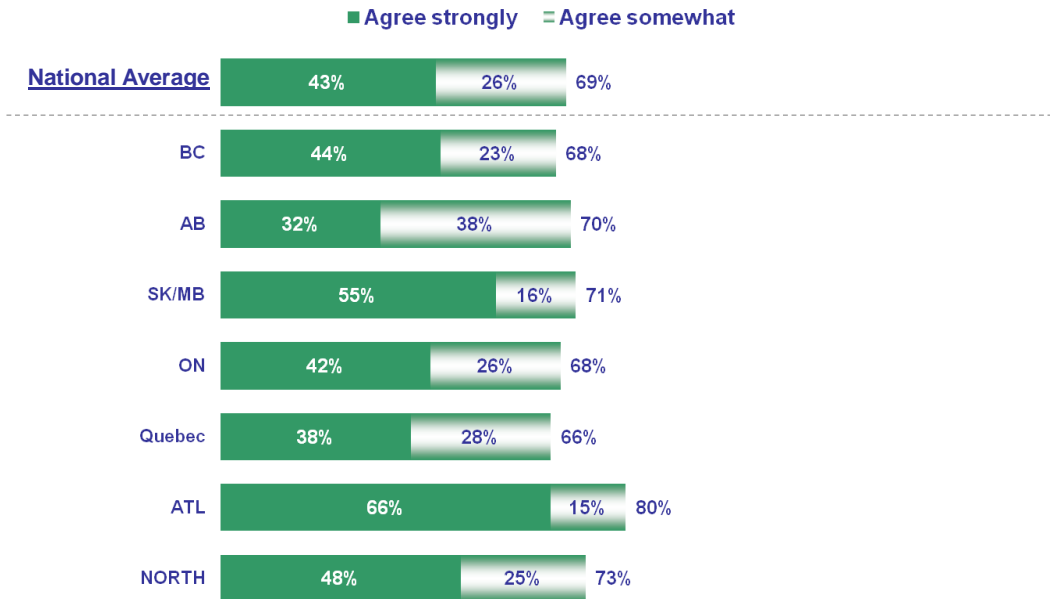


Base: All Respondents (n=1,200)

The perception that it costs more to eat healthy food is consistent across most regions. The exception is residents of Atlantic Canada who are significantly more likely to strongly agree that eating healthy costs more.

Perception that Healthy Food Costs More Highest in Atlantic Canada, Saskatchewan and Manitoba and the North

Please read the following statements about physical activity and indicate whether you, personally, agree or disagree with what each statement is saying:
It costs more to eat healthy food



Base: All Respondents (n=1,200)

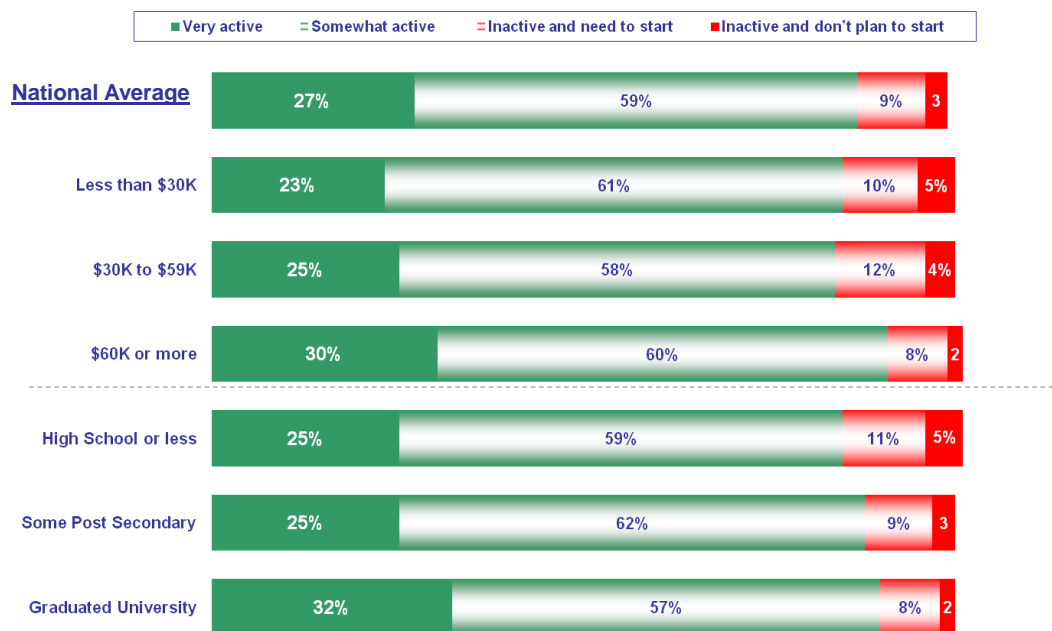
Canadians with Higher Incomes and Education are More Physically Active

When asked to describe their level of physical activity, nearly nine in ten Canadians (86%) say they are either very (27%) or somewhat active (59%), while about one in ten (12%) say they are inactive, and need to become more active (9%), or are inactive, and don't plan to change (3%).

Canadians earning less than \$30,000 a year (84%) and those with less than a high school education (84%) are less likely than those earning \$60,000 or more (90%) and those with a university education or higher (89%) to describe themselves as either very or somewhat active.

Canadians With Higher Incomes and Education are More Physically Active

How would you describe your current level of physical activity?

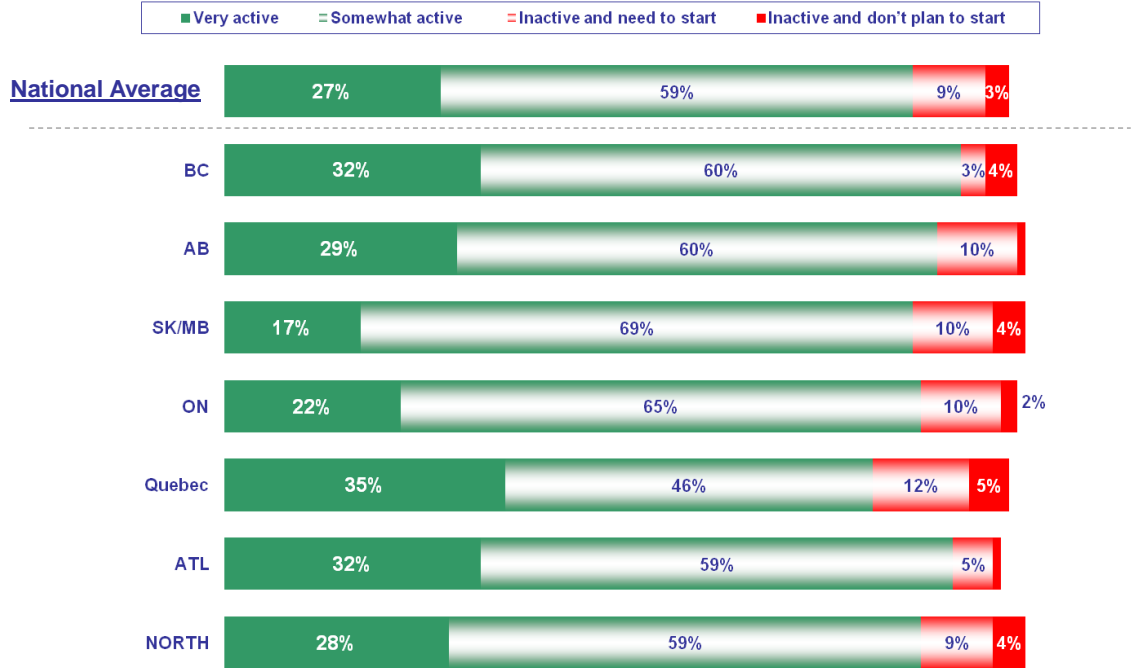


Base: All Respondents (n=1,200)

In terms of region, those in Quebec tend to describe themselves as very active most often (35%).

Quebec Residents Most Likely to Describe themselves as Very Active

How would you describe your current level of physical activity?



Base: All Respondents (n=1,200)

Knowledge Levels are High but, More Than Half Lack the Time, Energy and Money to be Physically Active

As with healthy eating, substantial majorities agree with statements about the benefits of regular physical activity: that it can reduce health problems associated with aging (94%), that it makes it easy to avoid gaining weight (95%), that it helps one deal with everyday stress (94%), that it can add years to life (94%), that it helps to prevent serious disease (86%), and that it helps one avoid getting sick with common ailments (83%).

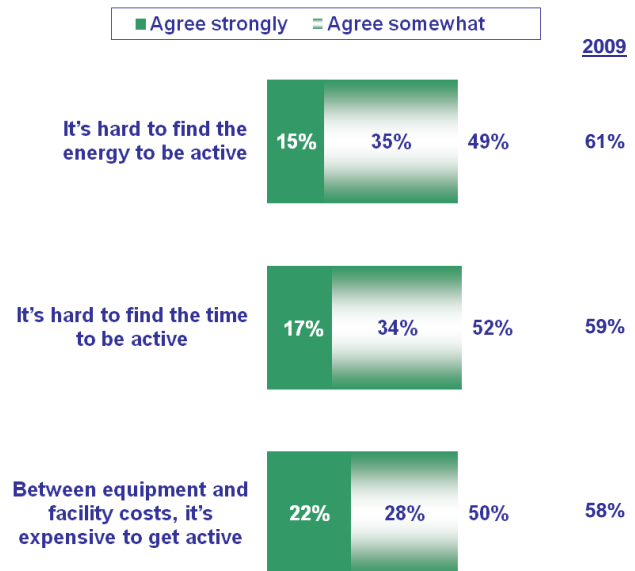
Despite their recognition of the benefits of regular physical activity, Canadians identify barriers to doing so. Half agree that it's hard to find the energy (49%) or time (52%) to be active, while a similar proportion says it's expensive to become active, given costs for equipment and facilities (50%).

Knowledge Levels are High But, More Than Half Lack The Time, Energy and Money to be Physically Active

Please read the following statements about physical activity and indicate whether you, personally, agree or disagree with what each statement is saying

% Agree Somewhat/Strongly	2012		2009
	2012	2009	2009
Regular physical activity makes it easy to avoid gaining weight	95%	93%	
Regular physical activity can greatly reduce the health problems associated with aging	94%	95%	
Physical activity can help you deal with the stress of everyday life	94%	93%	
Being physically active can add many years to your life	94%	92%	
Being physically active prevents disease, such as cancer and heart disease	86%	86%	
Physical activity helps you avoid getting sick, such as colds and flu	83%	80%	

Base: All Respondents (n=1,200)



Social Determinants of Health

Tobacco Use, Access to Healthcare and Nutrition Seen as Top Three Factors Impacting a Person's Health

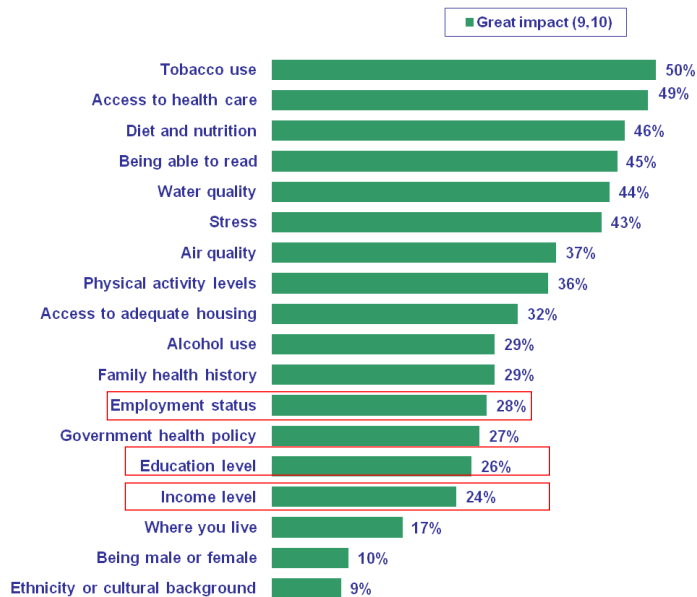
Canadians were asked to rate what impact they believe several factors have on a person's health on a scale of 0 to 10, where 0 means none at all and 10 means it has a great impact. On this basis, tobacco use (50%), access to healthcare (49%) and diet and nutrition (46%) are ranked highest in terms of having a great impact on health.

Being able to read (45%), stress (43%) and water quality (44%) fall into a second tier of importance as impacts on health, followed by physical activity levels (36%), air quality (37%) and access to adequate housing (32%).

Social and economic factors such as employment status (28%), education (26%) and income level (24%) are less often seen as having a great impact on health. However those with household incomes of less than \$30,000 are significantly more likely to rate income as having a great impact on health (36%) than are those with incomes of \$60,000 or greater (17%).

Tobacco Use, Access to Healthcare and Nutrition Seen as Top Three Factors Impacting a Person's Health

Using a scale of 0 to 10 where 0 means none at all and 10 means the greatest impact, please rate the extent to which each of the following has an impact on a person's health.



Base: All Respondents (n=1,200)

Education and Income are Key Social Determinants of Healthy Living Habits

Across a range of activities that contribute to good health, including healthy eating and lifestyle habits, Canadians with lower household incomes and lower levels of education are consistently *less* likely than those with higher incomes and higher levels of education to say they engage in these activities either every day or often.

For example, in terms of eating habits, Canadians earning less than \$30,000 a year (50%) and those with a high school education or less (52%) are much less likely than those earning \$60,000 or more (66%) and those with a university education or higher (68%) to say they eat five servings of fruits or vegetables a day every day or often.

In terms of physical activity, Canadians earning less than \$30,000 a year (52%) and those with a high school education or less (51%) are less likely than those earning \$60,000 or more (57%) and those with a university education or higher (58%) to say they engage in active outdoor activity every day or often.

Education and Income are Key Social Determinants of Healthy Living Habits

Please indicate how often you do each of the following: (Every day, Often, Sometimes, Rarely, Never)

The percent of Canadians who do each every day or often...	National Average	Income		Education	
		Less than \$30K	\$60K or more	High School or less	University
Eat breakfast	81%	77%	84%	73%	89%
Leisure activity - such as gardening, walking, playing with young children or an easy bike ride - for 10 or more minutes	78%	68%	85%	67%	85%
Sleep 6 to 8 hours during the night	77%	66%	81%	73%	82%
Reduce or restrict your fat intake	63%	57%	65%	59%	65%
Eat five servings of fruit or vegetables a day	62%	50%	66%	52%	68%
Reduce or restrict your sugar intake	60%	62%	62%	54%	63%
Active outdoor activity - such as brisk walking, hiking, running or playing a sport - for 30 minutes or more	55%	52%	57%	51%	58%
Take vitamin or mineral supplements, such as Vitamin C, folic acid, or calcium	48%	53%	45%	48%	50%
Reduce or restrict your calorie intake	47%	52%	49%	40%	47%
Stretching exercises to maintain or improve flexibility	45%	41%	47%	41%	48%
Weight training to improve muscle tone and strength	27%	22%	29%	26%	28%
Active indoor activity - such as the treadmill or racquet ball - for 30 minutes or more	24%	14%	28%	16%	29%

Base: All Respondents n=1,200

Participation in healthy behaviours varies significantly by region, with, for example, 90% of Saskatchewan and Manitoba residents saying they eat breakfast every day or often compared to 68% among Northern respondents. Albertans are most likely to say they are watching their diet, by reducing fat, calorie and sugar intake and by eating five servings of vegetables a day, while Northern respondents are least likely to say they are taking these steps. While dietary behaviours are less common among Northern respondents, they are more likely to say they engage in an active outdoor activity than others, particularly residents of Ontario and Quebec, and they are as likely as the national average to say they regularly take part in other kinds of physical exercise, such as weight training, stretching, active indoor activities, and leisure activities.

Healthy Behaviors by Region

Please indicate how often you do each of the following: (Every day, Often, Sometimes, Rarely, Never)

The percent of Canadians who do each every day or often...	National Average	Region						
		BC	AB	SK/MB	ON	Quebec	ATL	NORTH
Eat breakfast	81%	76%	86%	90%	80%	83%	71%	68%
Leisure activity - such as gardening, walking, playing with young children or an easy bike ride - for 10 or more minutes	78%	76%	81%	74%	77%	79%	85%	79%
Sleep 6 to 8 hours during the night	77%	75%	77%	78%	73%	85%	68%	73%
Reduce or restrict your fat intake	63%	59%	71%	63%	62%	64%	60%	49%
Eat five servings of fruit or vegetables a day	62%	62%	70%	57%	59%	69%	53%	51%
Reduce or restrict your sugar intake	60%	61%	66%	55%	62%	56%	64%	48%
Active outdoor activity - such as brisk walking, hiking, running or playing a sport - for 30 minutes or more	55%	61%	57%	55%	53%	53%	58%	65%
Take vitamin or mineral supplements, such as Vitamin C, folic acid, or calcium	48%	47%	53%	56%	53%	37%	39%	43%
Reduce or restrict your calorie intake	47%	42%	51%	43%	48%	51%	37%	35%
Stretching exercises to maintain or improve flexibility	45%	58%	53%	46%	46%	36%	37%	44%
Weight training to improve muscle tone and strength	27%	26%	36%	27%	28%	25%	19%	30%
Active indoor activity - such as the treadmill or racquet ball - for 30 minutes or more	24%	23%	27%	26%	24%	22%	28%	27%

Base: All Respondents n=1,200

Difference between Those Describing Their Health Status as Excellent or Very Good Based on Social Determinants

The slides on the following page indicate how Canadians' description of their health as excellent or very good differs based on a range of social determinants. The social determinants of health presented here include behavioural and demographic characteristics commonly identified as indicators of health status in past research.¹ The social determinants are presented in pairs of opposites. The percents indicate the proportion describing their health as excellent or very good, while the gap indicated on the right side calculates the percentage point difference between each pair. There are two gaps presented, this year's gap, 2012, and the gap found during similar research conducted in 2009.

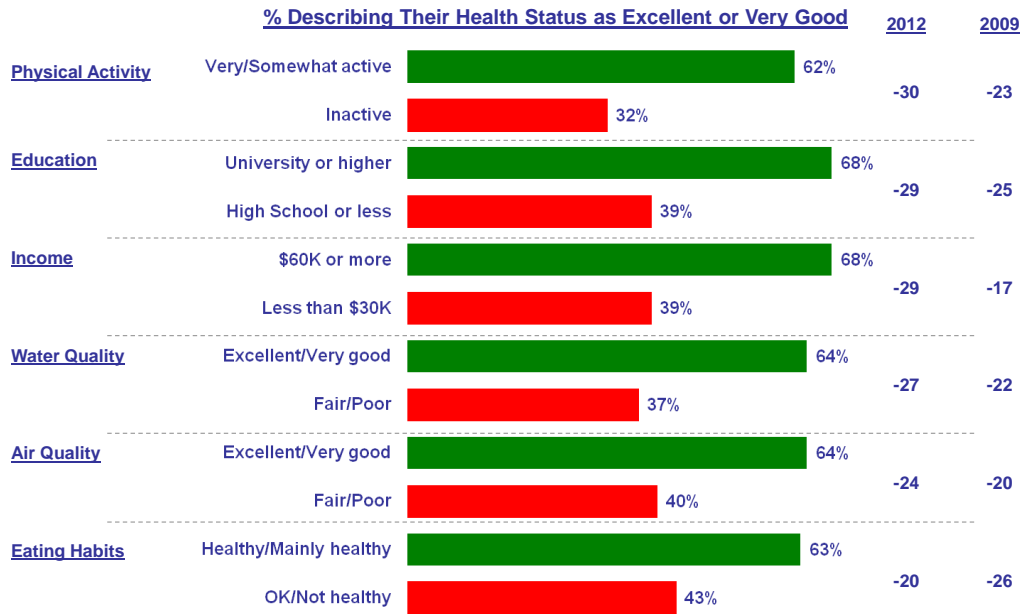
The results find that levels of physical activity generate the widest gap in the perception of one's health status as excellent or very good. Those who say they are very or somewhat active are 30 percentage points more likely to describe their health as excellent or good than are those describing themselves as inactive (62% vs. 32%). In 2009, the gap found between these two groups was 23 percentage points, suggesting an increasing sense of the importance physical activity has on health among those who are active relative to those who are not.

Income status yields the second largest gap. Those earning \$30,000 or less are 29 percentage points less likely than those earning \$60,000 or more to describe their health as excellent or good (39% vs. 68%). Since 2009, the gap between higher and lower income respondents has widened from 17 points measured in 2009 to the 29 point gap this year.

While income and educational status are often closely linked, this year's results find a narrower gap between those with lower and higher levels of education. Those with a high school education or less are 29 percentage points less likely to describe their health status as excellent or very good compared to those with a university degree or higher (39% vs. 68%). By comparison, the 2009 results found a larger 25 point gap between higher and lower levels of education.

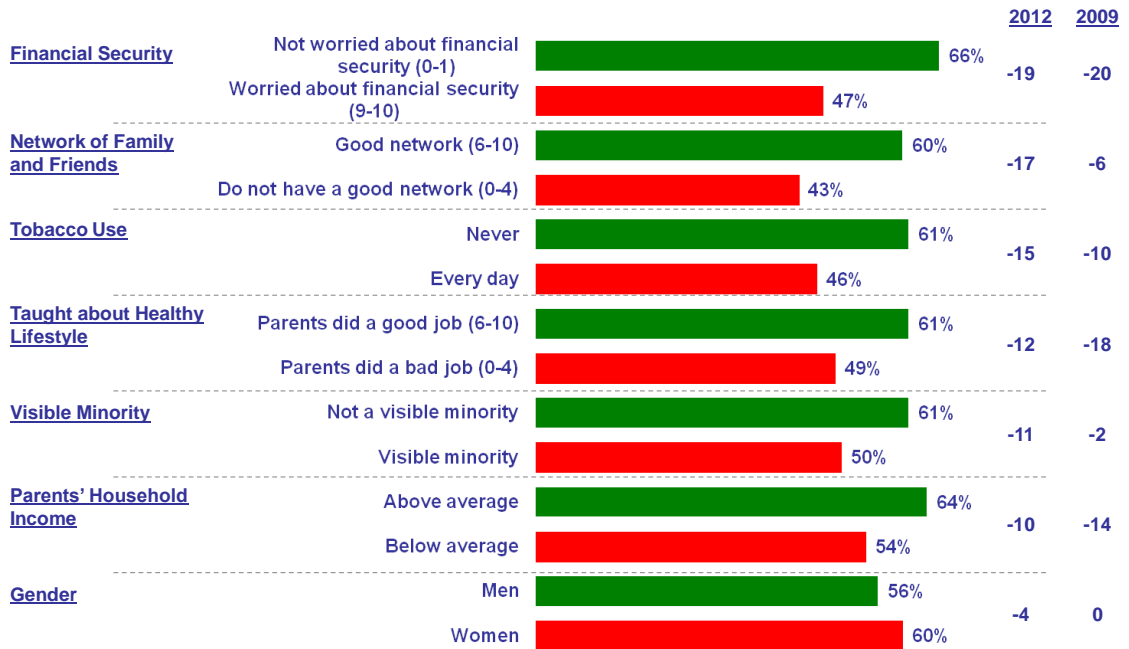
¹ Canadian Institute for Health Information, "*Select Highlights on Public Views of the Determinants of Health*"; CPHI Public Opinion Survey, 2003.

Difference Between Those Describing Their Health Status as Excellent or Very Good Based on Social Determinants



Base: All Respondents (n=1,200)

Difference Between Those Describing Their Health Status as Excellent or Very Good Based on Social Determinants



Base: All Respondents (n=1,200)



Impact of the Economic Downturn on the Health of Canadians

A Quarter of Canadians Say that the Economic Downturn Has Impacted How They Take Care of Their Health

One in four Canadians (26%) agree that they have spent less time, energy and money maintaining their health as a result of the recent economic downturn. This is up slightly from 2009 (23%), driven primarily by a greater perceived impact among those in the lowest income bracket (less than \$30,000 a year).

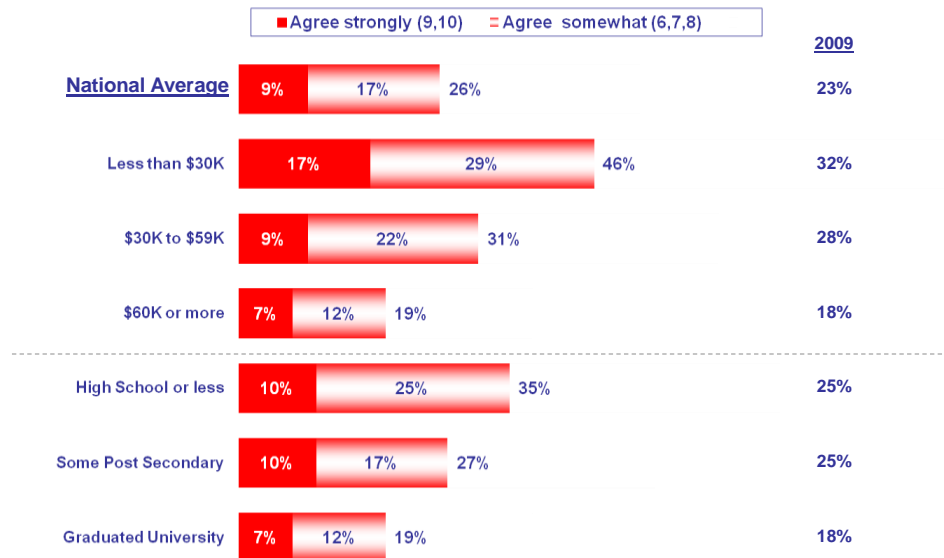
As household income *decreases*, agreement that less time, energy and money has been spent on health *increases*. Among those who earn \$60,000 or more annually², 19 percent say they have spent less time, energy and money maintaining their health. The proportion who agrees reaches nearly half (46%) among those in the lowest income bracket (less than \$30,000 a year), up 14 percentage points from 2009.

The results are similar looking at the level of education. Those with a high school education or less (35%) agree with the statement at a much higher rate compared to those who have graduated university (19%).

A Quarter of Canadians Say That the Economic Downturn Has Impacted How They Take Care of Their Health – unchanged since 2009

On a scale of 0 to 10, where 0 means not at all and 10 means completely, please rate your agreement with the following statement:

As a result of the recent economic downturn I have spent less time, energy and money maintaining my health.



Base: All Respondents (n=1,200)

² For the purpose of this report, those who *earn* a certain amount each year (e.g., \$60,000 or more) actually refers to those with annual household incomes of this amount.

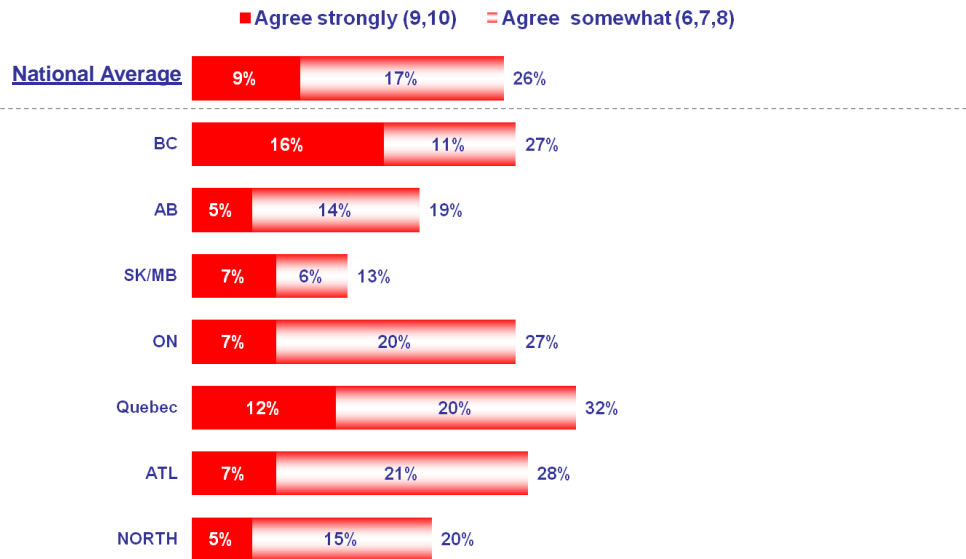
Regional Effects of the Economic Downturn

From a regional perspective, more residents of Quebec agree with the statement that the economic downturn has impacted their health (32%), whereas the negative impact on health from the economy is perceived to be much lower among residents in Alberta (19%), Saskatchewan and Manitoba (13%).

Residents of Quebec Most Likely to Say the Economic Downturn has Impacted their Health

On a scale of 0 to 10, where 0 means not at all and 10 means completely, please rate your agreement with the following statement:

As a result of the recent economic downturn I have spent less time, energy and money maintaining my health.



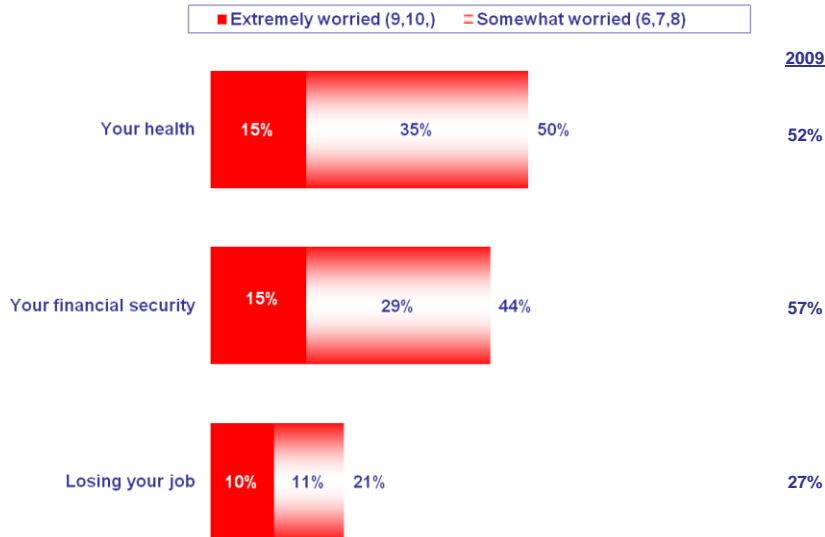
Base: All Respondents (n=1,200)

Half of Canadians are Worried About Their Health – More than are Worried About Financial Security or Job Loss

Half of Canadians (50%) are either very (15%) or somewhat worried (35%) about their health, reflecting a similar level of concern from 2009 (52%). In contrast, the financial and job security outlook for Canadians improved in 2012 over the results in 2009. The proportion that is worried about their financial security (44%, including 15% extremely worried and 29% somewhat) decreased by 13 percentage points. One in five (21%) are very (10%) or somewhat worried (11%) about losing their job, also showing an improvement from 27% reporting concern in 2009.

Half of Canadians are Worried About Their Health – More than are Worried about Financial Security or Job Loss

On a scale of 0 to 10 where 0 means not at all worried and 10 means extremely worried, how worried are you about the following?



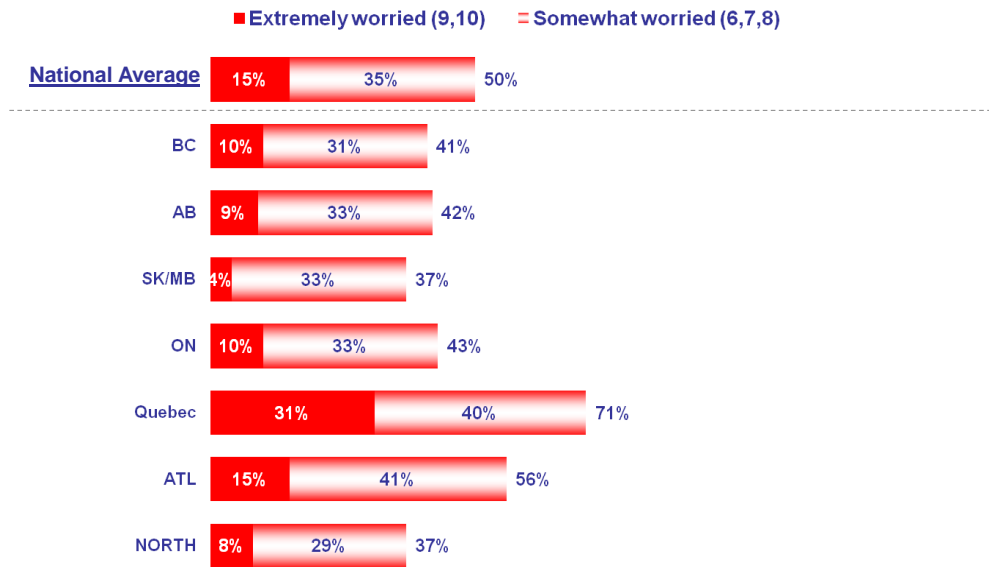
Base: All Respondents (n=1,200)

Strong Regional Impact on Views Concerning Health

Strong concerns over health among residents of Quebec (71%) are driving up the national average, with the main difference being the large proportion of Quebec residents who indicate they are extremely worried about their health (31%, compared to 15% nationally).

Concern over Health Highest in Quebec; Lowest in the North

On a scale of 0 to 10 where 0 means not at all worried and 10 means extremely worried, how worried are you about ... **your health**?



Base: All Respondents (n=1,200)

The Economic downturn is Hurting the Health of Canadians with Lower Income and Lower Education the Most

Canadians were asked whether financial concerns stemming from the economic downturn have led them to take any of several actions adverse to their health. The results show that as a result from financial concerns, those with lower levels of income and education are more prone to engage in adverse health behaviours.

Nationally, one in three Canadians (34%) say that they feel stressed and/or overwhelmed as a result of financial concerns. This number rises to fewer than half (46%) among those who earn less than \$30,000 annually, while it decreases among those who earn more than \$60,000 (30%). The 16-percentage point gap between lower and higher income groups is virtually unchanged from 2009. Similarly, there is an 11-percentage point gap between those with a high school education or less (40%), and those who have graduated university (29%) on feeling stressed and/or overwhelmed as a result of financial concerns.

More than one in five Canadians (22%) have delayed or cancelled a dentist appointment as a result of financial concerns, more so among those who earn less than \$30,000 (28%) compared to those who earn more than \$60,000 (17%). The results indicate the gap between income groups is shrinking, from 15 percentage points in 2009 to the current 11 points in 2012.

Canadians are also continuing to lose sleep as a result of the economic downturn, particularly if they have lower levels of education or income. Nationally, fewer than one in four (22%) say they are sleeping less than they normally do. Among those who earn less than \$30,000 annually, the proportion rises to 28 percent, maintaining a 10-point gap with those who earn at least \$60,000 annually similar to what was seen in 2009.

Nearly one in five Canadians (18%) say financial concerns led them to not join or cancel gym memberships. This behaviour is most frequently noted among those earning less than \$30,000 annually (22%) but it peaks among Canadians with some Post-Secondary education (24%).

Skipping meals due to financial concerns has affected one in eight Canadians (13%), particularly among lower income Canadians. More than one in four lower income Canadians (27%) have skipped meals as a result of financial concerns, compared to just 8% among those earning more than \$60,000. Again, this 19-point gap between high and low income brackets is consistent from the results in 2009. By education, those with high school or less (18%) are more than twice as many than university graduates (7%) to say they have skipped a meal as a result of financial concerns.

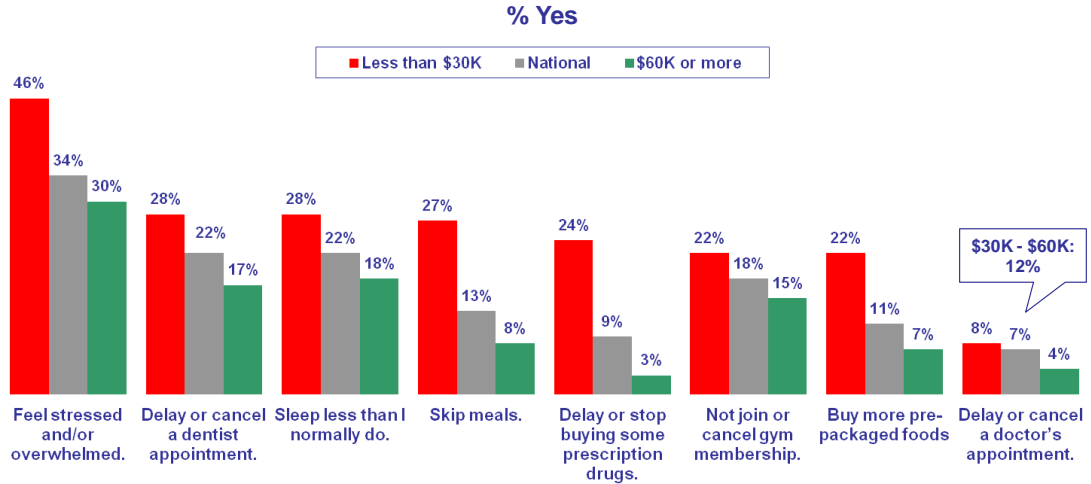
One in ten Canadians (11%) say they are buying pre-packaged foods due to financial concerns, higher among lower income Canadians (22%) compared to those with incomes above \$60,000 (7%).

Although the rate at which Canadians indicate the economic downturn has led them to delay or stop buying some prescription drugs is relatively low compared to other health-adverse behaviours (9% nationally), this has the widest income gap of all tested behaviours. One in four lower income Canadians (24%) say they have delayed or stopped buying some prescription drugs, compared to 3% among those who earn more than \$60,000. Of equal concern, the 21-point income gap has increased from 13 points in 2009. Clearly this is health behaviour that has had a variable impact from the economic downturn, where conditions are getting worse for those with lower incomes.

Nationally, one in fourteen Canadians (7%) have delayed or cancelled a doctor's appointment as a result of financial concerns. This reported behaviour is highest among respondents whose income ranges between \$30,000 and \$60,000 (12%).

Lower Income Canadians More Often Point to Health Impacts of the Economic Downturn

Thinking about the recent economic downturn, have financial concerns led you to do any of the following?

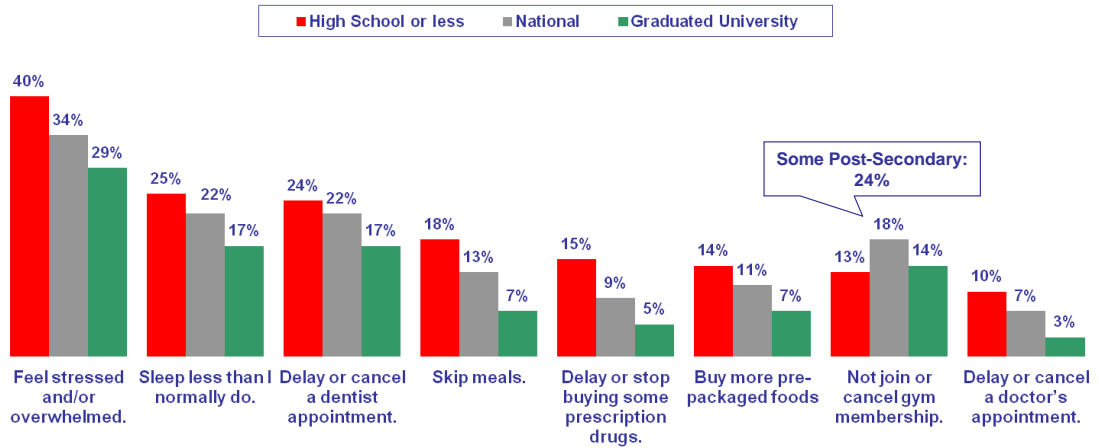


Base: All Respondents (n=1,200)

Economic Downturn Also Impacting those with Lower Levels of Education

Thinking about the recent economic downturn, have financial concerns led you to do any of the following?

% Yes



Base: All Respondents (n=1,200)

Income Gap from Economic Impact Persists, Consistent from 2009 on Most Behaviours

As a result of the economic downturn have financial concerns caused you to...	Income		Gap (percentage point)	
	Less than 30K	60K or more	2012	2009
Feel stressed or overwhelmed	46%	30%	16	17
Delay/ cancel dentists appointment	28%	17%	11	15
Sleep less than normal	28%	18%	10	11
Skip meals	27%	8%	19	17
Delay/ stop buying prescription drugs	24%	3%	21	13

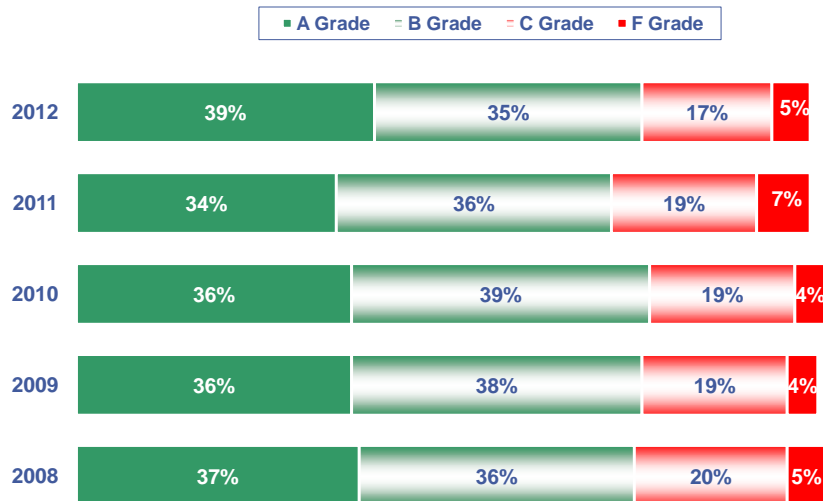
2012 Report Card

Two in Five Give “Overall Quality” an “A” Grade

Canadians were asked to grade the overall quality of health care services as an A, B, C or F, where an A is the highest grade and an F is a failing grade. Nearly three in four (74%) respondents grade overall quality in the A (39%) or B (35%) range, which represents a four-point increase compared to 2011 (70%).

What mark/letter grade would you give to:

The overall quality of the health care services available to you and your family.



Base: All respondents n=1,004

Those most likely to grade the overall quality of health care services as an A include:

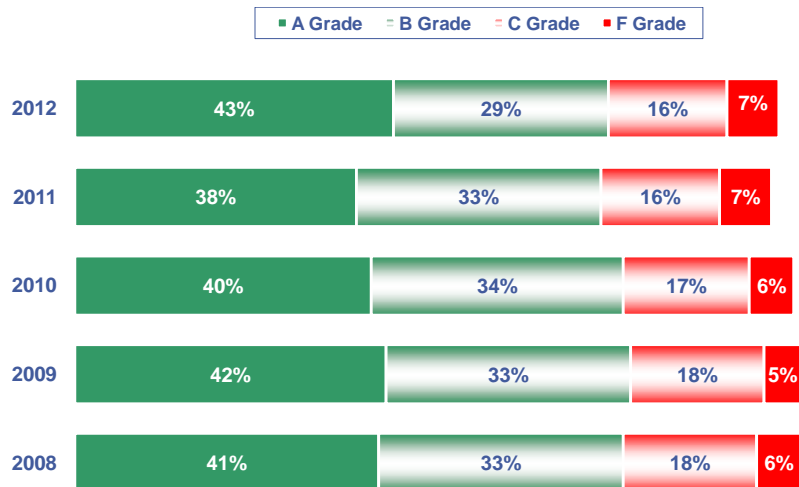
- Those aged 55 or older (47%) or 18-34 (42%), compared to those aged 35-54 (32%);
- Those with less than high school education (46%), compared to those with only high school education (36%);
- Those that expect that the healthcare services in their community will get better over the next few years (53%), compared to those who do not (29%); and,
- Those who have a family doctor (43%), compared to those who don't (23%).

Four in Ten Give Their Most Recent Experience an “A” Grade

Canadians were also asked to grade their most recent experience dealing with the health care system in their community. Similar to 2011, seven in ten (72%) Canadians grade their most recent experience with the health care system in their community as either an A (43%) or a B (29%), however, the proportion of A ratings have increased compared to the previous sounding (43%, up from 38% in 2011).

What mark/letter grade would you give to:

Your most recent experience dealing with the health care system in your community.



Base: All respondents n=1,004

Those more likely to grade their most recent experience dealing with the health care system as an A include:

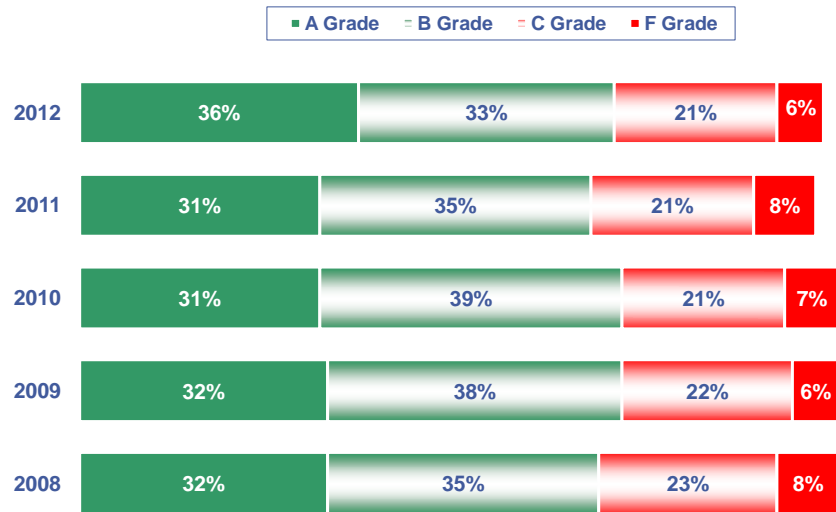
- Residents of Ontario (48%) compared to those in Quebec (39%);
- Canadians 55 years of age and older (56%) compared to those aged 35-54 (39%) or aged 18-34 (36%);
- Those that expect that the healthcare services in their community will get better over the next few years (53%), compared to those who do not (36%); and,
- Those who have a family doctor (48%) compared to those who don't (25%).

About One in Three Give “A” Grade to Choice of Health Services in Community

A majority of Canadians (69%) grade the choice of health services in their community as either an A (36%) or B (33%). This marks a three-point increase in the proportion grading the choice of health services as an A or a B since the 2011 study (66%).

What mark/letter grade would you give to:

The choice of health services in your community.



Base: All respondents n=1,004

Those more likely to grade the choice of health services in their community as an A include:

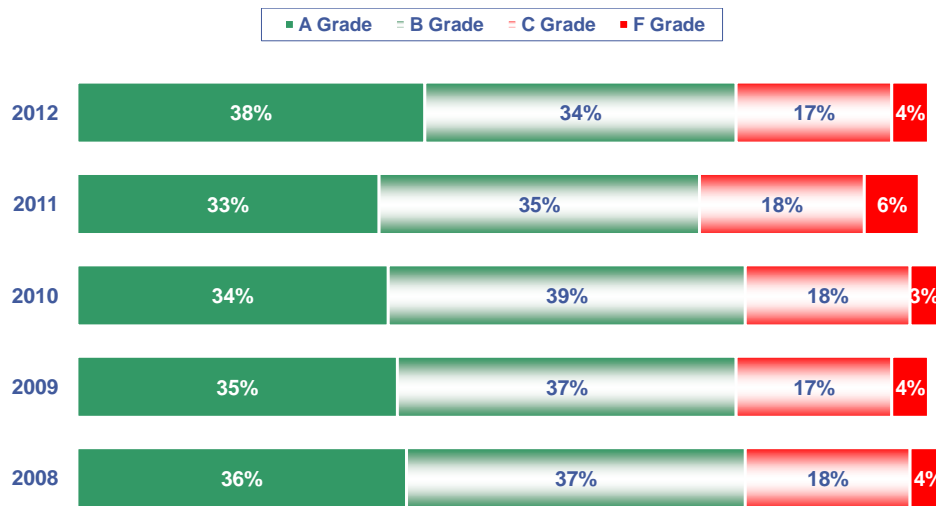
- Residents of Ontario (42%), compared to those in British Columbia (29%), Alberta (31%) and Saskatchewan/Manitoba (30%);
- Those who earn less than \$40K annually (41%) or between \$60K and \$100K annually (42%), compared to those who earn between \$40K and \$60K (30%);
- Those aged 55 or older (43%) or 18-34 (39%), compared to those aged 35-54 (29%);
- Those that expect that the healthcare services in their community will get better over the next few years (49%), compared to those who do not (27%); and,
- Those who have a family doctor (39%) compared to those who don't (23%).

Nearly Four in Ten Give Cooperation among Health Professionals an “A” Grade

About seven in ten (72%) grade cooperation among health professionals in their community, including doctors, pharmacists and nurses, as either an A (38%) or a B (34%). The proportion of A grades has increased since the 2011 survey (38%, up from 33%). The proportion of A grades has increased since the 2011 survey (38%, up from 33%).

What mark/letter grade would you give to:

The level of cooperation between various health professionals like doctors, pharmacists and nurses in your community.



Base: All respondents n=1,004

Those more likely to grade the choice of health services in their community as an A include:

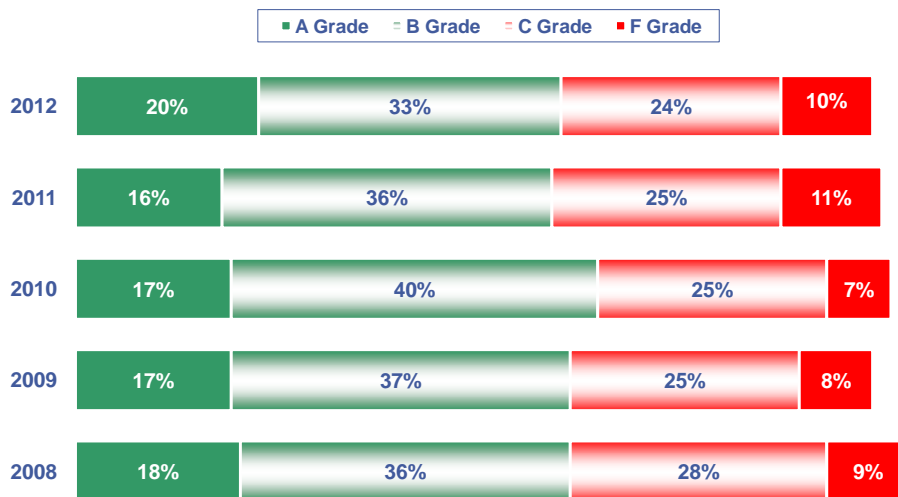
- Residents of Ontario (44%), compared to those in Quebec (31%);
- Those who earn less than \$40K annually (43%), compared to those who earn \$40K-\$60K annually (32%);
- Canadians 55 years of age and older (48%), compared to those 18 to 34 (37%) or those 35 to 54 years of age (31%);
- Those that expect that the healthcare services in their community will get better over the next few years (52%), compared to those who do not (29%); and,
- Those who have a family doctor (41%) compared to those who don't (24%).

Just Over Half Give Health Care Providers and Their Associations “A” or “B” Grades

Fifty-three percent (53%) of respondents grade health care providers and their associations as either an A (20%) or B (33%) for their performance in dealing with health care in Canada. Overall, the proportion of A or B ratings has changed very little compared to 2011, however there has been a shift towards more A ratings (20%, up from 16% in 2011).

What mark/letter grade would you give to:

The performance of health care providers and their associations in dealing with health care in Canada.



Base: All respondents n=1,004

Those more likely to grade the performance of health care providers and their associations in dealing with health care in Canada as an A include:

- Residents of Ontario (23%), compared to residents of Quebec (14%);
- Those who earn less than \$40K annually (23%) or more than \$100K annually (24%), compared to those who earn between \$40K and \$60K (14%);
- Men (23%), compared to women (16%);
- Those aged 55 or older (21%) or 18-34 (27%), compared to those aged 35-54 (13%);
- Those with less than high school education (26%), compared to those with some post-secondary education (18%);
- Those that expect that the healthcare services in their community will get better over the next few years (30%), compared to those who do not (13%); and,
- Those who have a family doctor (21%) compared to those who don't (14%).

Grading Access to Health Care Services

Canadians were asked to grade access to ten health care services using the letter grade rating system, where an A is the highest grade and an F is a failing grade. Access to walk-in clinics receives the highest percentage of A grades (36%) and an F grade of only eleven percent (11%), followed closely by access to a family doctor in one's community, with 33 percent giving it an A grade. That said, it also receives the highest percentage of F grades at sixteen percent. Access to medical specialists and access to health care services on evenings and weekends in one's community also receive high proportions of F grades (13% for both).

	A Grade	B Grade	C Grade	F Grade
Access to walk in clinics in your community	36%	27%	20%	11%
Access to a family doctor in your community	33%	24%	22%	16%
Access to emergency room services	32%	27%	23%	12%
Access to health care services for children in your community	27%	22%	12%	4%
Access to modern diagnostic equipment such as MRIs and CT scans	25%	28%	23%	11%
Access to medical specialists	24%	26%	27%	13%
Access to health care services for seniors in your community	22%	25%	15%	6%
Access to health care services on evenings and weekends in your community	21%	26%	27%	13%
Access to home health care service	17%	21%	17%	8%
Access to mental health care services in your community	16%	18%	17%	10%

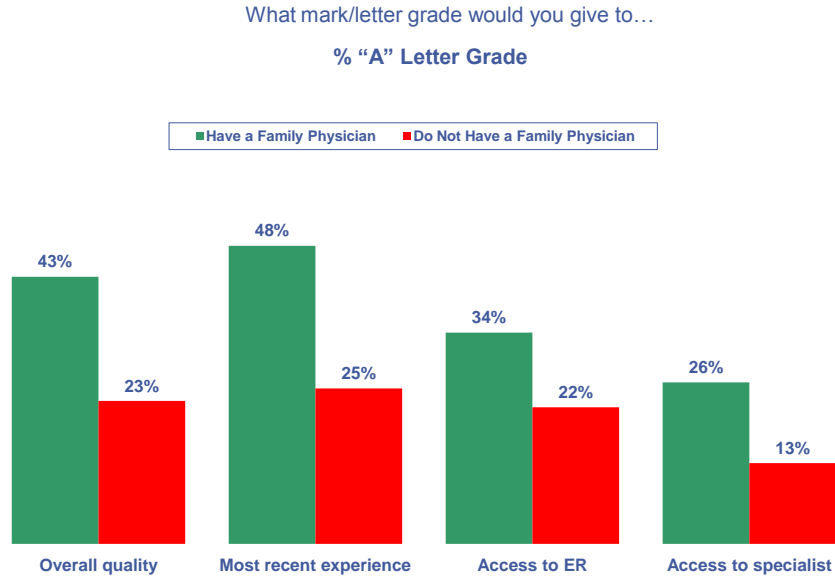
'A' Grades for Access to Services Have Rebounded Since 2011

'A' grades for access to all health services tested have increased compared to 2011. For example, A grades for access to emergency services have increased by eight points; access to walk-in clinics, health care services for children in one's community, and medical specialists have increased by six points; and access to modern diagnostic equipment such as MRIs and CT scans, health care services for seniors in your community, and health care services on evenings and weekends in your community have increased by five points.

	2012	2011	2010	2009	2008
Access to walk in clinics in your community	36%	30%	34%	32%	34%
Access to a family doctor in your community	33%	29%	30%	31%	28%
Access to emergency room services	32%	24%	26%	26%	26%
Access to health care services for children in your community	27%	21%	24%	25%	23%
Access to modern diagnostic equipment such as MRIs and CT scans	25%	20%	20%	20%	21%
Access to medical specialists	24%	17%	18%	19%	20%
Access to health care services for seniors in your community	22%	18%	21%	21%	20%
Access to health care services on evenings and weekends in your community	21%	16%	17%	18%	19%
Access to home health care service	17%	15%	14%	15%	14%
Access to mental health care services in your community	16%	12%	14%	16%	14%

Canadians with a Family Physician are More Positive about Health Care Quality, Service, and Access

With respect to health care quality, service, and access, those with a family physician remain more positive, as compared to those without a family physician. For example, 43 percent of those with a family physician grade the overall quality of available health care services an A, as compared to 23 percent of those without a family physician; and 48 percent of those who rate their most recent experience as an A is in contrast to 25 percent among those who do not have a family doctor.



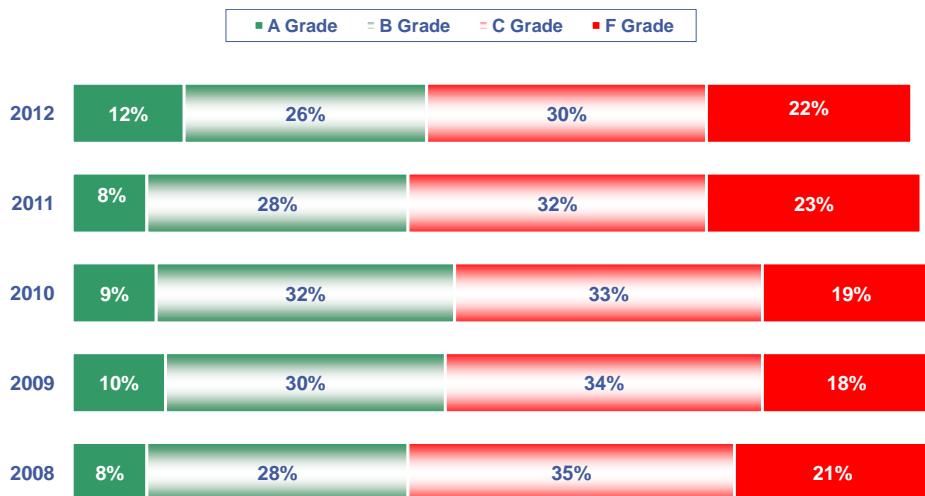
Base: Those with a family physician (n=833); No family physician (n=165)

Federal Performance on Health Care Up with about Two in Five Giving “A” or “B” Grades

Canadians were asked to grade the performance of the federal government in dealing with health care in Canada. Thirty-eight percent (38%) grade the federal government’s performance as either an A (12%) or B (26%), which represents a four-point increase in A ratings compared to the previous wave (12%, up from 8% in 2011).

What mark/letter grade would you give to:

The federal government’s performance in dealing with health care in Canada.



Base: All respondents n=1,004

Those more likely to grade the federal government’s performance on health care as an A include:

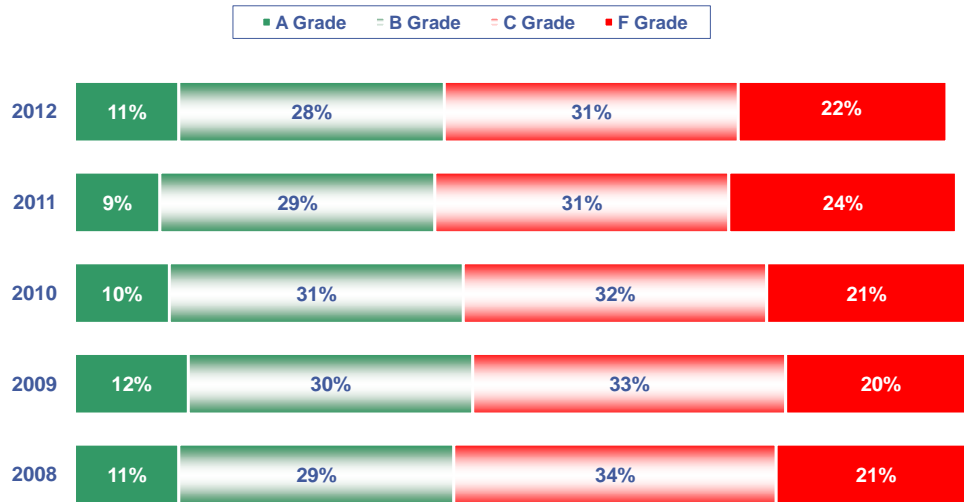
- Residents of Ontario (15%), compared to residents of Quebec (9%) and Atlantic Canada (6%);
- Men (14%), compared to women (9%);
- Respondents aged 18-34 (20%), compared to those 35 to 54 years (7%) and those 55 years of age and older (10%);
- Those with less than high school education (17%), compared to those with some post-secondary education (10%);
- Those that expect that the healthcare services in their community will get better over the next few years (22%), compared to those who do not (5%); and,
- Those who *have not* seen their family doctor in the past year, (19%) compared to those who have (11%).

About Two in Five Give Provincial Performance on Health Care “A” or “B” Grades

About two in five Canadians (39%) grade their provincial government’s performance in dealing with health care as an A (11%) or a B (28%). These findings are very similar to the 2011 findings when 38 percent graded their provincial government’s performance as an A or a B.

What mark/letter grade would you give to:

Your provincial government’s performance in dealing with health care in your province.



Base: All respondents n=1,004

Those more likely to grade their provincial government’s performance in dealing with health care as an A include:

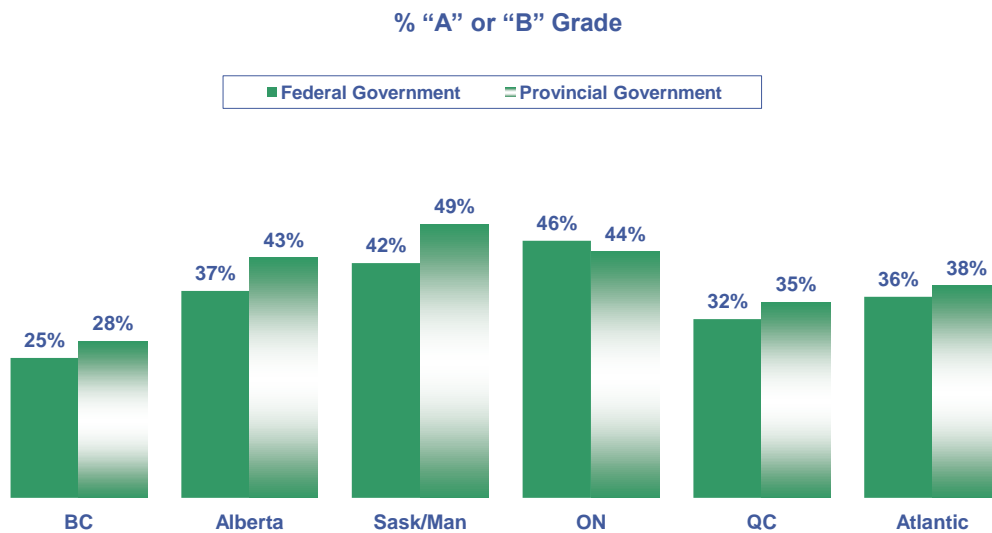
- Men (13%), compared to women (9%);
- Respondents aged 18-34 (18%), compared to those 35 to 54 years (7%) and those 55 years of age and older (10%); and,
- Those that expect that the healthcare services in their community will get better over the next few years (21%), compared to those who do not (4%).

Provincial Governments Receive More “A” or “B” Grades than Federal Government in all Regions – Except Ontario

In all regions, with the exception of Ontario, provincial governments receive more A or B grades in dealing with health care than the federal government. Most notable is Saskatchewan/Manitoba, where 49 percent give the provincial government A or B grades compared to 42 percent giving the *federal government* A or B grades.

What mark/letter grade would you give to:

The _____ government's performance in dealing with health care in Canada.



Base: All respondents n=1,004

Views Remain Divided on Whether Health Care Will Improve

The public remains somewhat divided as to whether health care services will get better or worse over the next two or three years, with 48 percent saying health care services will get worse and 36 percent saying they will get better. These findings are largely consistent with 2011, however there has been a slight decrease in the proportion who say that health care services will get better (36%, down from 38% in 2011).

Overall, do you think health care services in your community will get much better, somewhat better, somewhat worse or much worse over the next two or three years?



Base: All respondents n=1,004

Those more likely to think that health care services in their community will get much or somewhat better over the next two or three years include:

- Residents of Alberta (43%) and Saskatchewan/ Manitoba (44%), compared to residents of British Columbia (29%) and Quebec (32%);
- Those with children in their household (47%), compared with those who do not have children (34%);
- Men (41%), compared to women (32%);
- Respondents aged 18-34 (52%), compared to those 35 to 54 years (29%) and those 55 years of age and older (32%); and,
- Those with university education or higher (46%), compared to those with high school education (34%) or some post-secondary education (34%).